i	UTILITY	Attorney Docket No. 212033US0 DIV							
	PATENT APPLICATION	First Inventor or Application Identifier Mitsuyo NAGANO  MITUNON WILL ERRAND FACTOR							
(On	TRANSMITTAL ly for new nonprovisional applications under 37 CFR 1.53(b))	Title ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR MONOCLONAL ANTIBODY							
		Assignee Name: Ajinom	· · · · · · · · · · · · · · · · · · ·						
		Assignee Address: 15-	1, Kyobashi 1-cho	ome, Chuo-ku, Tokyo	104, JAPAN	<u> </u>			
	APPLICATION ELEMEN See MPEP chapter 600 concerning utility patent	TS application contents	ADDRESS TO:	Assistant Commiss Box Patent Applica Washington, DC 20	tion	7 U.S /9239			
E	Fee Transmittal Form (e.g. PTO/SB (Submit an original and a duplicate for fee pr	/17)	ACCO	MPANYING APPLIC	ATION PARTS	jc95			
	Submit an original and a duplicate for fee processing)		7. 🗆 Assignn	nent Papers (cover s	heet & document(	s))			
	.⊆ Specification Total	Sheets 57		ion Data Sheet. See		ŀ			
	.x		9.   37 C.F.I	R. §3.73(b) Statemer re is an assignee)	nt □ Power of	Attorney			
	Formal Drawing(s) Total	Sheets 14	10. □ English	Translation Docume	nt <i>(if applicable)</i>				
T	(33 0.3.6. 113)		11. ■ Informa	tion Disclosure ent (IDS)/PTO-1449	■ Copies of Citations	IDS (15)			
	4. ■ Oath or Declaration Tota	l Pages 3		nary Amendment w/M	larked-up Copy	`			
	a. □ Newly executed (original or cop		· - ·	dvance Serial No. P					
	b. Copy from a prior application (a (for continuation / divisional w/ box	37 C.F.R., §1.63(d)) 17 completed)	14. □ Certified (if foreign	d Copy of Priority Do priority is claimed)	cument(s)				
	i. DELETION OF INVENTO Signed statement attached delethe prior application, see 37 C.1 1.33(b).	DR(S)  ting inventor(s) named in  F.R. §1.63(d)(2) and	15. □ Applica See 37 C	nt claims small entity FR 1 27	status.				
	<ol> <li>CD-ROM or CD-R in duplicate, larg Program (Appendix)</li> </ol>	e table or Computer	16. ■ Other:	Request for Priori	ty				
	6. □ Nucleotide and/or Amino Acid Sequ (if applicable, all necessary)								
	a. □ Computer Readable Form (CR								
Ī	b. Specification or Sequence Listing of	n:							
i. □ CD-ROM or CD-R (2 copies); or									
22 22	ii. 🛘 Paper		i						
*	c.   Statements verifying identity of above copies								
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:  ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/299,016									
	☐ Continuation ☐ Divisional			,	Unit: 1644				
e Fo	Phorabblication information. Examinor, 1. Transfer 1.								
cc wi	For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied when a portion has been inadvertently omitted from the submitted application parts.								
1	8. Amend the specification by inserting before the first line the sentence:								
■ This application is a ☐ Continuation ■ Division ☐ Continuation-in-part (CIP)  April 26, 1999, now allowed, which is a division of No. 08/836,982, filed June 27, 1997, now U.S. Paril 18, 1997, now U.S. Paril 18, 1997, now U.S. Paril 1997,									
	of application Serial No. 09/299	,010 1 1100 011 5	lo. 08/836,982, file ,916,805, which w CT/JP95/02435.	ed June 27, 1997, no vas filed as Internatio	w U.S. Patent No nal Application No	). D.			
	□ Which was published in English								
	☐ Which was not published in English	ial Na	I No. Filed						
	☐ This application claims priority of provi	sional application Ser	il No.						
Γ		19. CORRESPON	DENCE ADDRES	SS					
	22850								
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Date:

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New Application

SERIAL NO:

FILING DATE: Herewith

FOR:

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ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR MONOCLONAL ANTIBODY

## FEE TRANSMITTAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS	
TOTAL CLAIMS	7 - 20 =	0	× \$18 =	\$0.00	
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00	
□ MULTIPLE DEPENDEN	MULTIPLE DEPENDENT CLAIMS (If applicable) + \$270 =				
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The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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